

FACSIMILE TRANSMITTAL FORM	Application Number	08/421055	RECEIVED CENTRAL FAX CENTER NOV 14 2008
	Confirmation Number	5806	
	Filing Date	April 12, 1995	
	First Named Inventor	Johnson, Michael A.	
	Examiner Name		
Fax: 571-273-8300	Attorney Docket Number	49286US003	
Total Number of Pages in This Submission: 2			
Date: November 14, 2008		Attorney for Applicant: Gregory D. Allen/jt	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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Appeal No: 2008-4952
Appellant: MICHAEL A. JOHNSON, CLAYTON A.
Application No: GEORGE, PEGGY S. WILLETT, SCOTT
Hearing Room: R. MEYER et al.
Hearing Docket: 08/421,055
Hearing Date: B
Hearing Time: A
Location: Tuesday, December 09, 2008
09:00 AM
Madison Building - East Wing
600 Dulany Street, 9th Floor
Alexandria, Virginia 22313-1450

NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

The application involved in this appeal has been published. Accordingly, the hearing in this appeal is open to the public.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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CHECK ONE: () HEARING ATTENDANCE CONFIRMED

☒ HEARING ATTENDANCE WAIVED
Signature of Attorney/Agent/Appellant

Date

Registration No.

Names of other visitors expected to accompany counsel: _____